

SANTA FE COUNTY ITINERANT VENDORS APPLICATION PACKET

1. A completed County Permit Application.
2. A completed Business Registration Application.
3. Recorded warranty deed and notarized consent letter from the property owner is required if the applicant is not the owner.
4. Recorded plat of survey.
5. A vicinity map and written directions to the property.
6. A site plan showing the location of the business, access, parking, signage.
7. Letter of request including, but not limited to, use proposed, days and hours of operation, number of employees, equipment to be used, access and parking, signage.
8. If food vendor, provide a copy of all food-vending permits from the State of New Mexico Environmental Division. The state permit shall address life safety/fire protection issues.

**NM ENVIRONMENTAL DIVISION
4 CALLE MEDICO
SANTA FE, NM
(505) 827-1840**

9. If access from state road, provide a copy of approved State of New Mexico Highway Department driveway permit.

**NM STATE HIGHWAY DEPARTMENT
1120 CERRILLOS ROAD
SANTA FE, NM
(505) 827-5100**

10. Land Use Review Fee of \$15.00
11. Business License Fee of \$50.00 payable every year

PLEASE NOTE:

- An Itinerant vendors business license is renewable every year.
- The County reserves the right to rescind the license or modify the methods or days/hours of operation if the business presents a public health, safety, or welfare issue.
- The property may require a public notice to be posted prominently on the property prior to approval.

SANTA FE COUNTY ITINERANT VENDORS APPLICATION

PERMIT NO. _____ APPLICATION DATE: _____

APPLICANT NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Home) _____ (Work) _____

AGENT NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Home) _____ (Work) _____

* * * PROPERTY INFORMATION * * *

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Home) _____ (Work) _____

PROPERTY LOCATION ID: _____ DATES BUSINESS TO BE CONDUCTED: _____

COUNTY RURAL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

LOCATION OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

STAFF COMMENTS: _____

Application Fee: _____

Special Use Fee: _____

Total Due: _____

APPROVED BY: _____

APPROVAL DATE: _____

E.D. PERMIT _____

DRIVEWAY PERMIT _____